

Exhibit “5”

*Providing Insurance and Financial Services
Home Office, Bloomington, IL*



December 11, 2019

Stephanie J Converse
3910 Preserve Way
Estero FL 33928-3301

State Farm Claims
PO Box 52257
Phoenix AZ 85072-2257

CERTIFIED MAIL: RETURN RECEIPT REQUESTED

RE: Claim Number: 52-03L1-48Z
 Policy Number: 32BST4351
 Date of Loss: December 8, 2019

Dear Stephanie J Converse:

We are providing you with a blank Sworn Statement in Proof of Loss form for your use in submitting your claim. By accurately completing this form you will help expedite the processing of your claim.

The completed Sworn Statement in Proof of Loss form should be mailed to us in the enclosed business reply envelope. This information is due by 2/17/2020.

Also enclosed is an authorization form for you to complete. Your authorization will assist us in the investigation of your claim. Once we received your signed authorization, your credit report(s) will be requested and a copy provided to you. The form should be returned to us, fully completed and signed by you immediately to prevent delay in the investigation of your claim.

You can enjoy the benefits of online registration. Benefits include 24/7 access to your claim progress and staying connected to State Farm®. Just go to **statefarm.com®** and select Manage Your Claim to get registered. All you need to complete the process is some initial information, which may include your claim number, email address, and/or your State Farm policy or account number. It only takes a few minutes. If you are already registered, thank you!

If you have any questions or need further assistance, please call us at (800) 331-1169 Ext. 3099942775.

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December 11, 2019

Sincerely,

Julio Loarca CPCU®
Claim Specialist
(800) 331-1169 Ext. 3099942775
Fax: (844) 236-3646

State Farm Fire and Casualty Company

Enclosures: Sworn Statement in Proof of Loss
Business Reply Envelope



Sworn Statement in Proof of Loss

Policy Number: 32BST4351

Effective Date: October 31, 2019

Expiration Date: October 31, 2020

Type of
Policy:Property
Insured:

Amount: \$

Claim
Number:

52-03L1-48Z

To: ☐ State Farm Fire and
Casualty Company☐ State Farm
General Insurance
Company☐ State Farm County Mutual
Insurance Company of Texas☐ State Farm
Lloyds☐ State Farm
Florida

By the above policy of insurance, you insure:

Stephanie J Converse (hereinafter called Insured).
Name of Insured

A _____ (peril) loss occurred December 8, 2019 (Date) about the hour of .

Which loss upon best knowledge and belief of insured was caused by _____ (origin).

The interest of the insured in the described property was _____.

Others having interest in the described property at the time of loss either as mortgagee, lienholder, or otherwise were
_____. Since the above policy was issued, there has been no change
in title, use, or possession of said property except _____.THE ACTUAL CASH VALUE of the described property at time of loss was \$(_____) Building \$(_____) \$_____
(_____) ContentsTHE REPLACEMENT COST of the described property at time of loss was \$(_____) Building \$(_____) \$_____
(_____) ContentsTHE TOTAL INSURANCE covering the described property including this policy and all other policies
(whether valid or not), binders, or agreement to insure was at time of said loss \$_____THE ACTUAL LOSS AND DAMAGE to the described property as a result of said loss was
Building: \$_____ Contents: \$_____ Other: \$_____ \$_____

LESS AMOUNT OF DEDUCTIBLE \$_____

INSURED HEREBY CLAIMS OF THIS COMPANY (*) UNDER THIS POLICY THE SUM OF \$_____

*Subject to Supplemental Claim, if applicable, to be filed in accordance with the terms and conditions of the
Replacement Cost Coverage under the above described policy.

THE FULL COST OF REPAIR OR REPLACEMENT is \$_____

MAXIMUM AMOUNT OF SUPPLEMENT is \$_____

MAXIMUM AMOUNT OF SUPPLEMENTAL CLAIM under the
Replacement Cost Coverage of the above described policy is \$(_____) Building \$(_____) Contents. \$_____

In consideration of the payment to be made hereunder for any property other than real property on an actual cash value or replacement cost basis, the insured does hereby assign to said insurer all right, title and interest in and to said property for which claim is being made hereunder, and agrees to immediately notify said insurer in case of any recovery of the property for which claim is being made hereunder, and will render all assistance possible in any endeavor to recover said property. Insured also agrees to turn over to said insurer, any such recovery which may be made, or reimburse said insurer in full to the extent of the payment which may be recovered.

The said loss was not caused by design or procurement on the part of the insured or this affiant; nothing has been done by or with the privity or consent of insured or this affiant, to violate the conditions of the policy, or render it void, no articles are mentioned herein or in annexed schedules but such as were interested in the loss and insured under this policy, and belonged to the insured at the time of said loss, no property saved has been in any manner concealed, and no attempt to deceive the said insurer as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished on call, and considered a part of this proof. All loss verification, as required by the insurance policy, is annexed hereto.

It is expressly understood and agreed that the furnishings of this blank to the insured or the assistance of an adjuster, or any agent of the insurer in the making of this proof, is not a waiver of any rights of said insurer or of any of the conditions of this policy.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

WITNESS _____ hand at _____
Signature _____ Date _____
this _____ day of _____)
Signature _____ Date _____
State of _____ County of _____)

Personally appeared before me, the day and date above written _____
signer of the foregoing statements, who being by me duly sworn, made solemn oath that the matters contained in the foregoing
statements are true in substance and in fact.

Notary Public (SEAL) My commission expires: _____

*Providing Insurance and Financial Services
Home Office, Bloomington, IL*



December 11, 2019

Stephanie J Converse
8510 Violeta St Unit 101
Estero FL 34135-1860

State Farm Claims
PO Box 52257
Phoenix AZ 85072-2257

RE: Claim Number: 52-03L1-48Z
 Policy Number: 32BST4351
 Date of Loss: December 8, 2019
 Location of Loss:

Dear Stephanie J Converse:

Enclosed are Personal Property Inventory Forms to help you with your recent loss. Please note the following:

1. Complete columns 1 through 7 for each item. Please make your description of each item as detailed as possible. Replacement cost under column 6 means the cost to replace the item at today's price. Please sign and date each page.
2. You must provide us with all bills, receipts and related documents that substantiate your inventory. This can consist of original bills of sale, purchase invoices, canceled checks, credit card statements, repair invoices, receipts, appraisals, or photographs. Please label your documentation for each item listed.
3. For any crime loss, you must file a police report. If you discover additional items are missing after the initial police report, you must file a written supplemental report with the police.

A return envelope is enclosed for your convenience.

If you have any questions or need assistance, call us at (800) 331-1169 Ext. 3099942775.

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Page 2
December 11, 2019

Sincerely,

Julio Loarca CPCU®
Claim Specialist
(800) 331-1169 Ext. 3099942775
Fax: (844) 236-3646

State Farm Fire and Casualty Company

Take advantage of our self-service options

Go to statefarm.com® or the mobile app to [manage your claim](#) - easily review claim status, select a repair facility, reserve a rental vehicle, update direct deposit account information for claim payments and many other insurance and banking services.

Enclosures: Personal Property Inventory Forms
Return Envelope



Important Information Additional Payments May Be Available Replacement Cost - Personal Property

Your policy may provide for additional payments on a replacement cost basis for some of your personal property items. The personal property items must be repaired or replaced within a specified period of time in order to present a claim for additional payments on a replacement cost basis. Please refer to your policy for specific time limits and additional settlement provisions. Following repair or replacement, please submit your documentation to us referring to the claim number and item number.

If an insured replaces a lost or damaged item, replacement cost benefits may be paid. If the item has not been replaced, the claim will be paid based on actual cash value. Actual cash value (ACV) is calculated by determining the replacement cost (RC) of the item and then subtracting depreciation (ACV = RC – depreciation). The amount of the depreciation is based on age, quality, and condition of the property at the time of the loss.

The item's effective age is used in calculating depreciation. If the item's condition is classified as *average*, then the effective age is the same as the actual age. If the item's condition is classified as *above average* or *below average*, the effective age of the item is determined by adjusting the actual age by a factor of 1.4 for *below average* and .6 for *above average*. As a result, an item that is 10 years old in *below average condition* has an effective age of 14 years (10 years x 1.4). An item that is 10 years old in *above average condition* has an effective age of 6 years (10 years x .6).

Regardless of the age, if an item is useable for its intended purpose, depreciation does not exceed 80%. If the item is replaced within the time allowed by the policy, the depreciation previously deducted may be paid up to the amount spent to replace the item or the agreed upon replacement cost for that item, whichever is less. All the terms and conditions of the insurance policy apply.

If you have any questions, please contact your claim handler.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.



Personal Property Inventory Customer Worksheet

See instructions and example provided.

Claim Number: 52-03L1-48Z

Insured's Name: Stephanie J Converse

Date of Loss: December 8, 2019

Room: **ROOM**

Phone Number: ☐ (H) (305) 778-7317 / ☐ (W) / ☐ (C) (239) 961-3947[illegible]

*Sales tax will be added by your claim handler if applicable

The above information is true to the best of my knowledge.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Insured's Signature: _____ Date: _____

Personal Property Inventory Instructions

Please separate the damaged items from the undamaged items and protect the repairable and undamaged items from further damage. You are then ready to list the damaged items on the Personal Property Inventory worksheet as follows:

A. For losses that involve several damaged items, list the items by room. If more than one room is involved in the loss, use a separate worksheet for each room.

Enter the name of the room in the space provided.

B. Complete columns 1-7 as thoroughly as possible. Instructions by column follow:

1. **Quantity** - List the total quantity of the item (for example - 2 telephones).

2. **Detailed Description of Item** - Describe the item with as much detail as possible. (For example, Ladies stainless steel watch with round black dial or 16" gas line weed trimmer.)

3. **Brand Name/Model Number and/or Specifications** - List the brand name and/or model number if known or provide features (for example, Sony DCR-DVD308 camcorder).

4. **Age of Item** - List the age of item in years. If the item is less than one year old, use months.

5. **Condition** - The age and condition of an item are two of the factors considered when determining the amount of depreciation to apply to a particular item at the time of loss.

Choose one of the following:

a. Average - If the item's condition at the time of loss is what one would expect considering its age and use.

b. Below Average - If the item's condition at the time of the loss is not as good as one would expect considering its age and use.

c. Above Average - If the item's condition at the time of the loss is better than one would expect considering its age and use.

d. New - If the item was new (less than three months old) at the time of the loss.

e. Replaced - If the item was part of the loss, and was replaced after the loss but prior to submitting the claim.

6. **Today's Repair Cost/Replacement Cost/Amount of Loss** - Please enter one of the following to indicate the amount you are claiming for each item:

a. Repair Cost - If the item can be repaired, please enter today's cost to repair the item.

b. Replacement Cost - If the item cannot be repaired, please enter today's cost to replace the item.

c. Amount of Loss - If the item cannot be repaired or replaced, please indicate the amount of loss. The amount of loss is the market value of the item on the date of loss. *Sales tax will be added by your claim handler if applicable.

7. **Documentation** - Indicate whether you have documentation for the item by placing an "X" in the column provided.

C. Attach any documents you may have to support ownership and cost of the damaged items, such as receipts, cancelled checks, credit card slips, warranty cards/booklets, operating manuals, and photographs. Attach the estimate or invoice for cleaned or repaired items.

D. Should you have any questions regarding the completion of the Personal Property Inventory worksheet, please contact your claim handler.

Below is an example of how the worksheet should be completed.

Claim Number: 13Z101011

Insured's Name: John Doe

Date of Loss: May 1, 2014

Room: Bedroom

Phone Number: ☒ (H) 111-111-1111 / ☐ (W) 222-222-2222 / ☐ (C) 333-333-3333
(Please indicate the best contact number)

1. Item #	2. Detailed Description of Item	3. Brand Name/Model Number and/or Specifications	4. Age of Item	5. Condition (Average, Below Average, Above Average, New, Replaced) Above	6. Today's Repair Cost/Replacement Cost/Amount of Loss (without tax*)	7. Documentation Attached (X)
1.	19" Color TV	Zenith AD5748W	3 years	Average	\$ 200.00	X
2.	Bath Towels	Fieldcrest	1 year	Average	\$ 80.00	



Authorization

52-03L1-48Z

I / We, the undersigned, authorize the release of any financial, employment, claim, credit, indebtedness, or telephone documents and/or records, either originals or photocopies, by any employer, bank, savings institution, creditor, credit bureau, financial institution, consumer reporting agency as defined in the Fair Credit Reporting Act (15 U.S.C. Section 1681 et seq.), insurance company, mortgagee, real estate agent, utility company, pawn shop, pawn dealer or broker, retail/wholesale business, or governmental agency to State Farm Fire and Casualty Company, its subsidiaries and affiliates, or their authorized claim or legal representatives, pertaining to:

Name: Stephanie J Converse

Name: Stephanie J Converse

Social Security Number:

Social Security Number:

Address: 3910 Preserve Way
Estero FL 33928-3301Address: 3910 Preserve Way
Estero FL 33928-3301

Former Address:

Former Address:

Business Address:

Business Address:

This authorization includes releasing, on behalf of the individuals listed above, records contained in any automated or electronic system maintained by a financial institution, business, or other organization for the purpose of investigating the claim presented.

When this authorization is used to obtain a "consumer credit report" for the above listed person(s), it is intended by the undersigned to comply with the consent requirement of the Fair Credit Reporting Act (15 U.S.C. Section 1681 et seq.).

The undersigned authorizes to State Farm Fire and Casualty Company, its subsidiaries and affiliates, or their authorized claim or legal representatives, to obtain and use this information and/or a "consumer credit report" for the purpose of processing a claim submitted to State Farm Fire and Casualty Company, and / or its subsidiaries and / or affiliates, arising out of any loss on December 8, 2019.

This authorization is valid for the duration of the claim, and a photocopy is as valid as the original.

I / We have read this authorization and acknowledge that I / we or my / our authorized representative may receive a copy of material obtained pursuant to this authorization upon request.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Date _____, _____
Year

Signature(s) of Above Named

Signature(s) of Above Named

Personally appeared before me, the day and date above written, _____, signer of the foregoing statements, who being by me duly sworn, made solemn oath that the matters contained in the foregoing statements are true in substance and in fact.

Notary Public (SEAL)

Print document

Page 1 of 1

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent</p>	
<p>1. Article Addressed to:</p> <p>52-03L1-48Z F STEPHANIE J CONVERSE 3910 PRESERVE WAY ESTERO, FL, 33928-3301</p>		<p>B. Received by (Printed Name) Stephanie Converse</p> <p>C. Date of Delivery 12/20/2019</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3721 7335 5536 40</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	



2/27/2020

USPS.com® - USPS Tracking® Results

USPS Tracking®**FAQs >****Track Another Package +****Tracking Number:** 70180680000065995066**Remove X**

Your item was picked up at a postal facility at 1:40 pm on December 17, 2019 in ESTERO, FL 33928.

✓ Delivered

December 17, 2019 at 1:40 pm
Delivered, Individual Picked Up at Postal Facility
ESTERO, FL 33928

Feedback**Tracking History****Product Information****See Less ^****Can't find what you're looking for?**

Go to our FAQs section to find answers to your tracking questions.

FAQs